

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$256.00 for date of service, 07/12/01.
- b. The request was received on 07/09/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA 1500
 2. EOB(s)
 3. Request for reconsideration letters dated 03/13/02 and 07/09/02
 - b. Additional documentation requested on 08/06/02 and received on 09/16/02
 1. Medical records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Medical Audit summary/EOB/TWCC 62 form
 - c. Copy of the AMA CPT Assistant, dated February, 1999
 - d. Redacted peer review addressing CPT code 95900
 - e. Redacted medical records
 - f. Claimant medical records
 - g. Copy of State Office of Administrative Hearing determination, dated 04/08/98
 - h. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/19/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 09/19/02. The response from the insurance carrier was received in the Division on 09/24/02. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of Medical Dispute Resolution is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement found in the dispute file.
2. Respondent: Letter dated 09/23/02

“The requester improperly coded and billed perception response testing with CPT codes 95900 [sic] Review of the METHOD of testing in dispute reveals the requester IMPROPERLY coded the actual test performed.... The requester,... billed for the same type of testing (minimal perception response) for another claimant with CPT code 95900. This Carrier obtained a review of the method of testing in dispute by an electrudiagnostic physician. It is the Carrier's position the peer review physician's findings also apply to the testing in dispute as it is the same method or type of testing.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date is 07/12/01, CPT Code 95900. The Requestor's representative states payment was received for CPT Code 99213 and withdrew this code from the dispute.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$256.00 for services rendered on the date above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date above.
5. The Carrier's EOB deny additional reimbursement as “F – N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT’. THE SERVICES PREFORMED [sic] ARE NOT REIMBURSABLE AS BILLED”.
6. Per the Requestor's representative the amount in dispute is \$256.00 for services rendered on the date above.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/12/01	95900	\$256.00	\$0.00	F,N	\$64.00/nerve	STG (e) (2) (3); MFG MGR (IV); CPT Descriptor	The Carrier has denied reimbursement as "F – N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING 'ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT'. THE SERVICES PERFORMED ARE NOT REIMBURSED AS BILLED." The provider has billed for, and submitted medical documentation of, a motor nerve conduction velocity study. Therefore, the provider has submitted documentation to support this services as billed. Additional reimbursement of \$256.00 (\$64.00 x 4 nerves) is recommended
Totals		\$256.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$256.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$256.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of December 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt